MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

[redacted] 0010482 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1519

DO NOT WRITE ON THIS STUB

AMENDED APFILED06 64

VS 300
Rev. 4/59

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hosp.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Henry
c. CITY OR TOWN Chilhowee
Inside Limits: Yes [ ] No [✓]
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes [✓] No [ ]

3. NAME OF DECEASED (Type or print): First Minnie Middle Agnes Last Adair

4. DATE OF DEATH: Month March Day 19 Year 1964

5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: May 12, 1884
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months —10— Days —7— IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Henry Co., Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John W. Waugh
13b. MOTHER'S MAIDEN NAME: Julia A. Hamilton
14. NAME OF HUSBAND OR WIFE: Deceased —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT Address: W. G. Adair, Chilhowee, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 1) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) 2) Broncho pneumonia — 4 days
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [✓] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 17 March 1964 to 19 March and last saw her/him alive on 19 March 1964
Death occurred at 9 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. G. Berry M.D.
22b. ADDRESS: 4320 Cornell Rd Kansas City, Mo
22c. DATE SIGNED: 19 March 64

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar. 21, 1964
23c. NAME OF CEMETERY OR CREMATORY: Carrsville, Cemetery
23d. LOCATION (City, town, or county) (State): Chilhowee, Mo. Rural

24. FUNERAL DIRECTOR ADDRESS: Vansant Funeral Home, Clinton, Mo.
25. DATE RECD. BY LOCAL REG.: 3-19-64
26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

M. G. Berry

BY AFFIDAVIT OF

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	04220	X	✓
3			
4	1		
5	3		
6			
7	0		
8	1		
9	491X		
10			
11			
12	66-0		
13			

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed W. L. Vansant

Licensed Embalmer No. 2779

P. O. Address Clinton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.